PTO/SB/22 (10-07)

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	der the Paper	work Reduction Act of 1995, no persons ar	e required to respond to a collection	n of information unless it disp	lays a valid OMB control number	
ON FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)				Docket Number (Optional) 1386/19		
(Fees or	ursuant to	FY 2006 the Consolidated Appropriation	s Act 2005 (H.R. 4818))			
Application Number 10/806,899				Filed 3/23/2004		
For A Di	agnostic	Method for Epilepsy				
Art Unit 1634				Examiner Stephen Thomas		
This is a request under the provisions of 37 CFR 1.136(a) to extend the perioapplication.				od for filing a reply in the above identified		
The reque	sted exter	nsion and fee are as follows (cl	neck time period desired a	and enter the approp	riate fee below):	
	ne month	(37 CFR 1.17(a)(1))	<u>Fee</u> \$ 120	Small Entity Fee \$ 60	\$	
T	wo months	s (37 CFR 1.17(a)(2))	\$ 460	\$ 230	\$	
XT	hree mont	hs (37 CFR 1.17(a)(3))	\$ 1,050	\$ 525	\$ <u>1,050.00</u>	
☐ F	our month	s (37 CFR 1.17(a)(4))	\$ 1,640	\$ 820	\$	
F	ive months	s (37 CFR 1.17(a)(5))	\$ 2,230	\$ 1,115	\$	
Applicant claims small entity status. See 37 CFR 1.27.						
X A check in the amount of the fee is enclosed.						
Payment by credit card. Form PTO-2038 is attached.						
The Director has already been authorized to charge fees in this application to a Deposit Account.						
The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number <u>50-0426</u>						
WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.						
I am the applicant/inventor.						
	assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).					
	X attorney or agent of record. Registration Number 39,395					
		attorney or agent under 37 CFI Registration number if acting		·		
	andi	1 ms		December 21, 20	007	
Signature				Date Date		
Arles A. Taylor, Jr.				919-493-8000		
Typed or printed name NOTE: Signatures of all the inventors or assignees of record of the entire interest or their repres				Telephone	Number	
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their represe				entative(s) are required. So	ubmit multiple forms if more	

than one signature is required, see below.